

Residential Construction Permit Application Checklist

This application is required for issuance of residential building permits. Please complete all areas of this application that apply to your type of construction. This checklist provides a list of the required documents for the issuance of a residential building permit.

Application and Related Documents

Yes No N/A	
	Completed Permit Application
	Land Use Permit (when applicable-typically when the building footprint has increased) obtained from Development Services/ 540-483-3027.
	Proof of WVWA (Western Virginia Water Authority) connection fee payments on parcels where WVWA services are available.
	Proof of Ownership (if not in property records) or letter from property owner*; manufactured homes in Mobile Home Parks require copy of lease agreement.
	Notarized form required for new dwellings and demolition permits if anyone other than the landowner is applying for the permit .
	Health Department construction permit for septic and/or well. Private septic systems require letter from appropriate agency (when applicable).
	Two sets of ¼" scale plans (including Foundation, Floor and a Through Section Detail plan). Each level must have a floor plan that designates Braced Wall Panel types, panel lengths, and locations. Wall heights for each level must also be provided. Manufactured homes installed on a basement require a sealed plan, with a Virginia's engineer or architect seal on the foundation plan. The foundation plan must include footing, foundation wall, column and beam sizes.
	Zoning approval will be required for construction located in the Town of Rocky Mount or in the Town of Boones Mill.

*NOTE: Property ownership, as verified through Franklin County Real Estate Tax Records, will reflect the permit holder. If the permit is to be issued in another name, a written letter from the existing property owner(s) giving permission for the specific structure on the property is required. The Real Estate Tax Identification number, subdivision name and lot number (if applicable) for the property is to be included in this letter. This statement is to be signed and dated by all property owner(s) – original signatures are required. Notarized authorization form required for new residence or demolition permit is also required.

Fees must be paid when building permit is issued. Acceptable methods of payment include check, cash by credit card. Individuals who have established an Energov Citizen Access Portal account can submit payments online.

^{**}Foundation walls may require a letter or print that details the foundation wall type, height of wall, height of backfill, wall thickness and reinforcement schedule. (Ref. Applicable USBC)

^{**}All foundation walls over 10' are required to be designed by a Virginia registered design professional.



Development Services Dept. of Building Inspections 1255 Franklin St., Suite 103, Rocky Mount, VA 24151 Phone (540)483-3047; Fax (540)483-6665

(Office Use Only) Application #	
Date of Application	

RESIDENTIAL PERMIT APPLICATION

TYPE OF WORK			
□NEW CONSTRUCTION	□MECHANICAL		
□ ADDITION	□PLUMBING		
□ALTERATION	□ELECTRIC (circle) New or Upgrade		
□REPAIR/REPLACEMENT	□DEMOLITION		
Estimated Value/Co	ost \$		
□SINGLE FAMILY DWELLING □ACCESSORY BUILDING Type:	: Plans must be received & approved prior to permit issuance)		
□MODULAR DWELLING (circle) On F □HUD MANUFACTURED/MOBILE HOME	Frame Off Frame		
SCOPE OF WOR	K (Describe work briefly, but thoroughly)		
	TE INFORMATION		
Job Address			
City/State/ZipLot #	Tract #Section #		
T. 18. (D 1 //	Section #		
Directions to Job Site from Rocky Mount:			
·			
DDODEDTY (OWNER INFORMATION		
	DWINER INFORMATION		
Name Mailing Address			
City/State/Zip			
Phone #Cell #	E-mail		
APPLICANT (If Other Than Owner Applies For Permit)			
Name			
Mailing Address			
City/State/ZipCell #	E-mail		

PLEASE COMPLETE THE FOLLOWING INFORMATION

NEW CONSTRUCTION/ADDITIONS/MANUFACTURED HOMES

(Check Applicable Areas For Each That Applies To Your Construction) **FOUNDATION MATERIAL FOUNDATION TYPE** FRAMING MATERIAL □Concrete □Basement □Wood □Block □Crawl □Metal □Other ____ □ICF □Slab □Column/Pier □Other **EXTERIOR MATERIAL INTERIOR MATERIAL ROOFING TYPE** □Vinyl □Sheetrock **□Shingle** □Brick □Plaster □Metal □Masonry □Logs □Shakes □Wood □Tile □Flat Roof □Other _____ □Steel □Panel □Other □Other ___ **HEATING SOURCE** FIREPLACES **FLUES** □Heat Pump □No □No **□Hot Water** □Yes □Yes If Yes, How Many? __ If Yes, How Many? □Gas If Yes, What Type? If Yes, What Type? □Oil □Masonry □Masonry □Electric □Metal □Metal □Other _____ **ANY GAS APPLIANCES RETAINING WALL PLUMBING** □No □No Rough-In Only for □Yes □Yes Future Bath □ Attached □Yes □ Detached □No TOTAL # OF ROOMS _____(excluding baths) #BEDROOMS _____ #FULL BATHS _ #HALF BATHS TOTAL # OF STORIES (above grade) _____ MANUFACTURED/MOBILE HOMES ALSO COMPLETE FOLLOWING INFORMATION TYPE: (Circle One) SINGLE DOUBLE TRIPLE MANUFACTURER/MAKE MODEL COLOR YEAR MODEL _____ DIMENSIONS: Length ____ Width ____ SKIRTING (Circle Type to Be Used) VINYL BLOCK BRICK ROCK METAL OTHER _____ ____New Owner ___ ____Landowner___ Previous Owner ELECTRIC # AMPS Circle One **NEW SERVICE UPGRADE RECONNECT** Call 1-800-956-4237 to apply for service. AEP Work Order # (Work Order # required to schedule inspection.) WATER & SEWER WATER SOURCE □Individual/Private ■Municipal/Public SEWAGE □Individual/Private ☐Municipal/Public Water/Sewage/Well/Septic# Will a Sprinkler System Be Installed? Circle ☐ Yes ☐ No (Required for all applications)

			DI	EMOL	LITION			
Describe Str	ucture That Is I	Being Dem	olished_					
Address of S	tructure							
			SQUA	RE F	FOOT	AGE		
BASEMENT:								
FINISHED	dimensions	x		_x	,	x	area:	sq ft
UNFINISHED:	dimensions	x		_x	,	x	area:	sq ft
GARAGE:	dimensions	x	,	_x		x	_ area:	sq ft
MAIN LEVEL:	dimensions	x		_x		x	area:	sq ft
	dimensions	x	,	_x	,	x	area:	sq ft
2ND LEVEL:	dimensions	x		_x		x	_ area:	sq ft
3 RD LEVEL:	dimensions	x		_x	,	x	area:	sq ft
GARAGE: (Or Carport)	dimensions	x		_x	,	x	_ area:	sq ft
PORCHES:	dimensions	x		_x		x	area:	sq ft
DECKS:	dimensions	x		_x		x	area:	sq ft
PATIOS:	dimensions	x	,	_x		x	area:	sq ft
						Tota	I Area	sq. ft.
Any Additiona	al Areas? ☐ Yes	□No (If so	, please in	clude c	n separa	te sheet)		
•	tio covered? □ \	•	•		-	, os		
CERTIFICATION								
I hereby certify that I am the owner of record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s). I affirm that the information given in this application is correct at the time of submittal. I recognize any changes to the information given in this application require written notification to the Building Inspections Department. Signature of Applicant								
Please Print Your Name								

Date _



Development Services
Dept. of Building Inspections
1255 Franklin St., Suite 103
Rocky Mount, VA 24151
Phone 540-483-3047; Fax 540-483-6665

THIS FORM (BOTH PAGES) MUST BE COMPLETED WHEN LICENSED CONTRACTORS ARE USED

Date:	Job Amount \$
Applicant/Owner:	
Job Location:	
Contractors or eligible exe have the applicant furnish The provisions of Developers, Tenants and applications.	for Contractors Regulations requires work totaling \$1,000.00 or more to be made by licensed Virginia mpt individuals. Section 54.1-111, in the Code of Virginia requires the building inspector or other authority to icense information or evidence of exemption prior to the issuance of the building permit. this section apply to Owners acting as general contractors, General Contractors, Sub-Contractors, Builders and other persons applying for permits. This form is to be completed and returned along with your permit ds are not applicable, please designate those fields by indicating "n/a".
I, the undersigne knowledge.	d, declare under penalty of law that the above information is true, correct, and complete to the best of my
	(Signature)
-	(Title)
	MECHANICS LIEN AGENT
Business Name	Phone ()
Business Address:	
City	, State Zip
Name	GENERAL CONTRACTOR Type of Work
Address	Phone
City	State Zip
State License #	License Level (A, B or C)
Expiration Date	

ROSTER OF SUB CONTRACTORS

(List information as it appears on the contractor's license)

Name	Type of Work FOUNDATION
Address	Phone ()
City	State Zip
	License Level (A, B or C)Value \$
Name	Type of Work
Address	Phone ()
City	State Zip
	License Level (A, B or C) Value \$
Name	Type of Work
Address	Phone ()
City	State Zip
State License #Expiration Date	License Level (A, B or C) Value \$
Name	Type of Work HVAC
Address	Phone ()
City	State Zip
	License Level (A, B or C) Value \$
Name	Type of Work GAS FITTER
Address	Phone ()
City	State Zip
	License Level (A, B or C) Value \$
Name	Type of Work
Address	Phone ()
City	State Zip
	License Level (A, B or C)Value \$

Appl	ication #	

Self Affidavit

THIS FORM MUST BE COMPLETED IF: (1) INDIVIDUAL IS ELIGIBLE FOR EXEMPTION FROM LICENSURE (2) LICENSED CONTRACTORS ARE NOT PROVIDED IN THIS APPLICATION

I, (print name)	, of
(subdivision name)	
Affirm that I am the owner of a certain tract or parcel of	land located at:
(mailing address)I have applied for a Building Permit.	and that
I affirm that I am familiar with the prerequisites of Secti subject to licensure as a contractor or subcontractor.	on 54.1.111 of the Code of Virginia and I am not
(Please check appl	icable boxes)
□ Contractor	□ Plumbing
□ Electrical	☐ Mechanical
I understand that the Affidavit that I signed is affirming Building Construction and this building is for the owner	
I realize that if I hire anyone doing more than \$1,000 sure that the person or persons is licensed by the Stat of the Code of Virginia and that according to the Code unlicensed contractor for work constitutes a Class I Mis	e Board of Contractors, as per Section 54.1.115 e of Virginia Section 54.1.115, Item #6, hiring an
If I hire anyone to do Electrical, Plumbing or Mechanic sure each such person(s) holds Tradesman Certification liable to verify the tradesman has a Virginia Contractors	on. If the trades work exceeds \$1,000, I am also
Signature	
Date	



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APPLICATION FOR CURRENT ONLY **NO OCCUPANCY***

PERMIT#

(Office Use Only)
In signing this application, I FULLY UNDERSTAND this is for current only.
I realize that NO OCCUPANCY can be made until all final inspections are completed, approved and a CERTIFICATE OF OCCUPANCY has been obtained.
I understand that if I occupy, or allow occupancy, in any manner, I am not in compliance with the "Virginia Uniform Statewide Building Code" and hereby I am giving permission for the Franklin County Inspections Department to have my electric meter disconnected and removed.
Signature – (Owner, Contractor, Applicant-please circle one)
Date

*Note: No signature required for manufactured homes as they may be occupied after electricity has been connected.



NOTARIZED AFFIDAVIT

This form is required prior to issuance of permits for new residential dwellings, non-residential structures of demolition of residential homes or non-residential structures.

Date		
Print Owner/and Co-Owner(s) (All owners of record required to be listed)		
District		
Please accept this letter as authorization t	to issue a building permit to my direct agent.	
Name		
Address		
Phone		
For construction or demolition on the above	ve referenced parcel.	
Any changes to this direction shall be re County Building Inspections Department.	equired in writing and delivered to the above noted	Franklin
Signature of Owner/and Co-Owner(s) _ (All owners of record required to sign)		
The foregoing instrument was acknowle	edged before me this day of	
Notary Public	·	
My Commission Expires		